

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

402,845

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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47		/				
48		/				
49		/				
50		/				
TOTAL IND.	5		1			
TOTAL DEP.	17		4			
TOTAL CLAIMS	22		5			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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62						
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TOTAL DEP.						
TOTAL CLAIMS						